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REVIEWER'S REPORT

Manuscript No.: IJAR-57424

Title: Histopathological prognostic factors and survival in metastatic renal cell carcinoma a retrospective analysis of 95 cases at Hassan II University Hospital of Fez

Recommendation:

Accept as it is .....

✓ Accept after minor revision.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr S. K. Nath

Detailed Reviewer's Report

Strength of the study

- Focuses on clinically relevant prognostic factors in metastatic renal cell carcinoma in a real world setting
- Adequate sample size of 95 patients for a single center study
- Clear methodology with use of Kaplan Meier and Cox regression analysis
- Includes both univariate and multivariate analysis improving scientific validity
- Ethical approval clearly mentioned on page 2
- Tables on pages 4 and 6 present clinical characteristics and survival analysis clearly

Weakness of the study

- Retrospective single center design limits generalizability
- Moderate sample size may reduce statistical power for subgroup analysis
- Some grammatical and formatting inconsistencies in text
- Limited detailed reporting of treatment toxicity and adverse effects
- Heterogeneity in treatment groups makes comparison difficult
- Follow up duration and missing data handling not clearly detailed

Reviewers Comments

The manuscript presents a well conducted retrospective analysis of prognostic factors in metastatic renal cell carcinoma from a single center in Morocco. The study includes 95 patients and uses appropriate statistical methods such as Kaplan Meier survival curves and Cox regression, as described on page 3, which strengthens the analysis. Ethical approval is clearly mentioned on page 2, which is appropriate. The results, including median overall survival of 18 months and progression free survival of 10 months, are clearly presented and supported by tables on pages 4 and 6. The findings regarding WHO performance status, IMDC score, and vascular invasion as independent prognostic factors are consistent with existing literature. However, the retrospective design and single center setting limit generalizability. The writing is generally clear but requires minor grammatical improvement. The study would benefit from more detailed reporting of treatment toxicity and longer follow up. Overall, the manuscript is relevant and informative with minor improvements needed.